

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 23  
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) <b>RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC</b>		2. IDENTIFICATION NUMBER C00430512
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported C/O JOHN GROSS 11 TIMES SQUARE		
CITY, STATE, and ZIP CODE NEW YORK NY 10036-8299		3. IS THIS REPORT FOR : <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General

## 4. TYPE OF REPORT (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☒ January 31 Year End Report

Monthly Report Due On:  
☐ February 20 ☐ June 20 ☐ October 20  
☐ March 20 ☐ July 20 ☐ November 20  
☐ April 20 ☐ August 20 ☐ December 20  
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding Primary (Type of Election)  
 election on 11/02/2010 in the State of \_\_\_\_\_  
☐ Thirtieth day report following the General Election on \_\_\_\_\_  
 on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT ☐ YES ☒ NO

5. COVERING PERIOD		FROM 10/01/2010	THROUGH 12/31/2010
<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	89623.71	
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	37470.17	
	8. SUBTOTAL (Lines 6 and 7) .....	127093.88	
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	42529.47	
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	84564.41	
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	618.90	
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	2677960.62	
	13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00	
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	914905.00	
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	1308356.43	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer <b>John Gross</b>	Date 01/31/2011
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

**For further information contact:** Federal Election Commission  
 999 E Street, N.W. Toll Free 800-424-9530  
 Washington, DC 20463 Local 202-694-1100

**FEC FORM 3P (01/2001)**

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC</b>		Report Covering the Period From: 10/01/2010 To: 12/31/2010	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	0.00	10205.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	7000.00	
(d) The Candidate	0.00	900000.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	917205.00	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	0.00	300000.00	
(b) Other Loans	0.00	0.00	
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	300000.00	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	50.00	55972.75	
(b) Fundraising	0.00	0.00	
(c) Legal and Accounting	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	50.00	55972.75	
21. OTHER RECEIPTS (Dividend, Interest, etc.)	37420.17	141871.44	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	37470.17	1415049.19	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	42529.47	1364329.18	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	0.00	
(b) Other Repayments	0.00	0.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	0.00	2300.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	0.00	2300.00	
29. OTHER DISBURSEMENTS	0.00	0.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	42529.47	1366629.18	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00		

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 23

**1. NAME OF COMMITTEE (in full)****RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC****ADDRESS (number and street)**C/O JOHN GROSS  
11 TIMES SQUARE**CITY, STATE, and ZIP CODE**

NEW YORK

NY

100368299

**2. IDENTIFICATION NUMBER**

C00430512

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 23

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

OLSEN &amp; SHUVALOV

Mailing Address

1609 SHOAL CREEK BLVD # 203

City

AUSTIN

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	1	0

Amount of Each Receipt this Period

LIST RENTAL INCOME

Transaction ID: SA21A-1

SUBTOTAL of Receipts This Page (optional) .....

37420.17

TOTAL This Period (last page this line number only) .....

37420.17

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 23

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

RYAN MEDRANO

Mailing Address 5 EAST 22ND ST

City  
NEW YORK

State  
NY

Zip Code  
10010

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

RYAN MEDRANO

Mailing Address 5 EAST 22ND ST

City  
NEW YORK

State  
NY

Zip Code  
10010

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

RYAN MEDRANO

Mailing Address 5 EAST 22ND ST

City  
NEW YORK

State  
NY

Zip Code  
10010

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 23

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

BRACEWELL & GIULIANI

Mailing Address 1251 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10020

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-1

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

7500.00

B.

Full Name (Last, First, Middle Initial)

BRACEWELL & GIULIANI

Mailing Address 1251 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10020

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-2

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

7510.35

C.

Full Name (Last, First, Middle Initial)

BRACEWELL & GIULIANI

Mailing Address 1251 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10020

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-3

Date of Disbursement

12 / 15 / 2010

Amount of Each Disbursement this Period

7509.61

SUBTOTAL of Disbursements This Page (optional) .....

22519.96

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 23

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

<b>A.</b> Full Name (Last, First, Middle Initial) CHASE BANK NA	<b>Transaction ID:</b> SB23-13 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City LOUISVILLE State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td>3</td><td>1</td><td>.</td><td>7</td><td>3</td> </tr> </table>	3	1	.	7	3															
3	1	.	7	3																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHASE BANK NA	<b>Transaction ID:</b> SB23-14 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	1	0												
City LOUISVILLE State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td>3</td><td>1</td><td>.</td><td>6</td><td>8</td> </tr> </table>	3	1	.	6	8															
3	1	.	6	8																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CHASE BANK NA	<b>Transaction ID:</b> SB23-15 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 36520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City LOUISVILLE State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK FEE	<table border="1"> <tr> <td>3</td><td>2</td><td>.</td><td>1</td><td>0</td> </tr> </table>	3	2	.	1	0															
3	2	.	1	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

95.51

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 23

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATABASE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-7

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATABASE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-8

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PKE

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATABASE MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-9

Date of Disbursement

12 / 15 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 23

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

NY STATE CORPORATE TAX

Mailing Address PO BOX 1909

City  
ALBANY

State  
NY

Zip Code  
12201

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-16

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

180.00

B.

Full Name (Last, First, Middle Initial)

WACHOVIA BANK NATIONAL ASSOCIATION

Mailing Address PO BOX 563966

City  
CHARLOTTE

State  
NC

Zip Code  
28262

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-10

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

78.00

C.

Full Name (Last, First, Middle Initial)

WACHOVIA BANK NATIONAL ASSOCIATION

Mailing Address PO BOX 563966

City  
CHARLOTTE

State  
NC

Zip Code  
28262

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23-11

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

78.00

SUBTOTAL of Disbursements This Page (optional) .....

336.00

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

A.

Full Name (Last, First, Middle Initial)

WACHOVIA BANK NATIONAL ASSOCIATION

Mailing Address PO BOX 563966

City

CHARLOTTE

State

NC

Zip Code

28262

Purpose of Disbursement

CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23-12

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.00

SUBTOTAL of Disbursements This Page (optional) .....

78.00

TOTAL This Period (last page this line number only) .....

42529.47

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

Transaction ID: SC-1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU -  
[PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼Mailing Address 1251 AVENUE OF THE AMERICAS  
49TH FLOOR

City NEW YORK State NY ZIP Code 10020

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

**TERMS**

Date Incurred

M M  
0 4  
D D  
0 9  
Y Y Y Y  
2 0 0 8

Date Due

12/31/2011

Interest Rate

0.0000

% (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

500000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 / 23

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

Transaction ID: SC-2

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU -  
[PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼Mailing Address 1251 AVENUE OF THE AMERICAS  
49TH FLOOR

City NEW YORK State NY ZIP Code 10020

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
3 0Y Y Y Y  
2 0 0 8

12/31/2011

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

300000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

Transaction ID: SC-3

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU -  
[PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼Mailing Address 1251 AVENUE OF THE AMERICAS  
49TH FLOOR

City NEW YORK State NY ZIP Code 10020

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
1 0Y Y Y Y  
2 0 0 8

12/31/2011

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

300000.00

**TOTALS** This Period (last page in this line only) ▶

1100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)

<input checked="checked" type="checkbox"/>	11
<input type="checkbox"/>	12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MCCLATCHY NEWSPAPERS

 Nature of Debt (Purpose):  
PRESS TRAVEL

Mailing Address 700 12TH ST STE 1000

City	State	ZIP Code
WASHINGTON	DC	20005

Outstanding Balance Beginning This Period

334.81

Transaction ID: SD11-2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

334.81

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NEW YORK TIMES

 Nature of Debt (Purpose):  
PRESS TRAVEL

Mailing Address 1416 DITMAS AVE

City	State	ZIP Code
BROOKLYN	NY	11226

Outstanding Balance Beginning This Period

194.83

Transaction ID: SD11-4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

194.83

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WTKK-FM BOSTON

 Nature of Debt (Purpose):  
PRESS TRAVEL

Mailing Address 55 MORRISSEY BLVD

City	State	ZIP Code
BOSTON	MA	02125

Outstanding Balance Beginning This Period

89.26

Transaction ID: SD11-1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

89.26

1) **SUBTOTALS** This Period This Page (optional).....

618.90

2) **TOTALS** This Period (last page this line number only).....

618.90

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

618.90

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ACT TELECONFERENCING SERVICES INCNature of Debt (Purpose):  
UTILITIES

Mailing Address DEPT CH 17366

City State ZIP Code  
PALATINE IL 60055

Outstanding Balance Beginning This Period

14468.99

Transaction ID: SD-3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14468.99

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T MOBILITY LLCNature of Debt (Purpose):  
TELEPHONE SERVICE

Mailing Address PO BOX 8405

City State ZIP Code  
PHOENIX AZ 85062

Outstanding Balance Beginning This Period

106691.17

Transaction ID: SD-4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106691.17

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BANDWIDTH.COMNature of Debt (Purpose):  
UTILITIES

Mailing Address 4001 WESTON PKWY STE 100

City State ZIP Code  
CARY NC 27513

Outstanding Balance Beginning This Period

9133.50

Transaction ID: SD-6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9133.50

1) **SUBTOTALS** This Period This Page (optional).....

130293.66

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BRABENDERCoxNature of Debt (Purpose):  
MEDIA

Mailing Address 100 W STATION SQUARE DR STE 315

City	State	ZIP Code
PITTSBURGH	PA	15219

Outstanding Balance Beginning This Period

69135.83

Transaction ID: SD-7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69135.83

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CHRIS MOTTOLA CONSULTINGNature of Debt (Purpose):  
MEDIA

Mailing Address 1382 LAFAYETTE ST

City	State	ZIP Code
CAPE MAY	NJ	08204

Outstanding Balance Beginning This Period

41890.64

Transaction ID: SD-9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

41890.64

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CITATION SHARESNature of Debt (Purpose):  
TRAVEL

Mailing Address FIVE AMERICAN LN

City	State	ZIP Code
GREENWICH	CT	06831

Outstanding Balance Beginning This Period

10967.85

Transaction ID: SD-10

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10967.85

1) **SUBTOTALS** This Period This Page (optional).....

121994.32

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CONSOLIDATED EDISON CO OF NYNature of Debt (Purpose):  
UTILITIES

Mailing Address PO BOX 1702

City State ZIP Code  
NEW YORK NY 10116

Outstanding Balance Beginning This Period

802.18

Transaction ID: SD-14

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

802.18

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DELTA AIRELITENature of Debt (Purpose):  
TRAVEL

Mailing Address 77 COMAIR BLVD

City State ZIP Code  
ERLANGER KY 41018

Outstanding Balance Beginning This Period

15021.48

Transaction ID: SD-15

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15021.48

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GIULIANI PARTNERSNature of Debt (Purpose):  
RENT

Mailing Address 5 TIMES SQUARE

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

59290.20

Transaction ID: SD-16

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59290.20

1) **SUBTOTALS** This Period This Page (optional).....

75113.86

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 23

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 GIULIANI SECURITY & SAFETY LLC

 Nature of Debt (Purpose):  
 SECURITY SERVICE

Mailing Address 5 TIMES SQUARE

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

141643.70

Transaction ID: SD-17

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

141643.70

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 GORDON C JAMES PUBLIC RELATIONS

 Nature of Debt (Purpose):  
 TRAVEL

Mailing Address 4715 N 32ND ST STE 104

City	State	ZIP Code
PHOENIX	AZ	85018

Outstanding Balance Beginning This Period

5064.19

Transaction ID: SD-18

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5064.19

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 JON KRAUSHAR & ASSOCIATES INC

 Nature of Debt (Purpose):  
 POLITICAL STRATEGY CONSULTING

Mailing Address 10 E 40TH ST STE 1308

City	State	ZIP Code
NEW YORK	NY	10016

Outstanding Balance Beginning This Period

72119.25

Transaction ID: SD-21

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72119.25

1) **SUBTOTALS** This Period This Page (optional).....

218827.14

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LYRIS TECHNOLOGIES INCNature of Debt (Purpose):  
WEB SERVICE

Mailing Address PO BOX 49023

City State ZIP Code  
SAN JOSE CA 95161

Outstanding Balance Beginning This Period

5400.00

Transaction ID: SD-23

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MCGRAW COMMUNICATIONS INCNature of Debt (Purpose):  
UTILITIES

Mailing Address PO BOX 36204

City State ZIP Code  
NEWARK NJ 07188

Outstanding Balance Beginning This Period

27920.55

Transaction ID: SD-25

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27920.55

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
OPERA NEW MEDIA LLCNature of Debt (Purpose):  
WEB SERVICE

Mailing Address 1280 MASSACHUSETTS AVE STE 203

City State ZIP Code  
CAMBRIDGE MA 02138

Outstanding Balance Beginning This Period

150000.00

Transaction ID: SD-28

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150000.00

1) **SUBTOTALS** This Period This Page (optional).....

183320.55

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PRESS ASSOCIATION INCNature of Debt (Purpose):  
SUBSCRIPTIONS

Mailing Address PO BOX 414243

City State ZIP Code  
BOSTON MA 02241

Outstanding Balance Beginning This Period

15170.40

Transaction ID: SD-29

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15170.40

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ROMAN TECH LLCNature of Debt (Purpose):  
COMPUTER SUPPORT

Mailing Address 8645 24TH AVE

City State ZIP Code  
BROOKLYN NY 11214

Outstanding Balance Beginning This Period

13500.00

Transaction ID: SD-31

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SCOTT HOWELL & COMPANYNature of Debt (Purpose):  
MEDIA

Mailing Address 208 N MARKET ST STE 225

City State ZIP Code  
DALLAS TX 75202

Outstanding Balance Beginning This Period

162884.24

Transaction ID: SD-32

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

162884.24

1) **SUBTOTALS** This Period This Page (optional).....

191554.64

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPROUSE CONSULTINGNature of Debt (Purpose):  
POLITICAL STRATEGY CONSUL-  
TING

Mailing Address PO BOX 8635

City State ZIP Code  
CHARLESTON WV 25303

Outstanding Balance Beginning This Period

7200.00

Transaction ID: SD-34

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7200.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TARRANCE GROUP INCNature of Debt (Purpose):  
TRAVEL

Mailing Address 201 N UNION ST STE 410

City State ZIP Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

36170.19

Transaction ID: SD-36

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36170.19

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TAUGHANNOCK AVIATION CORPNature of Debt (Purpose):  
TRAVELMailing Address TOMPKINS COUNTY AIRPORT  
66 BROWN RDCity State ZIP Code  
ITHACA NY 14850

Outstanding Balance Beginning This Period

210307.00

Transaction ID: SD-37

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

210307.00

1) **SUBTOTALS** This Period This Page (optional).....

253677.19

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UPSTREAM COMMUNICATIONSNature of Debt (Purpose):  
WEB SERVICE

Mailing Address 1609 SHOAL CREEK BLVD # 203

City State ZIP Code  
AUSTIN TX 78701

Outstanding Balance Beginning This Period

10900.00

Transaction ID: SD-39

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10900.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VERIZON WIRELESSNature of Debt (Purpose):  
TELEPHONE SERVICE

Mailing Address PO BOX 408

City State ZIP Code  
NEWARK NJ 07101

Outstanding Balance Beginning This Period

236045.23

Transaction ID: SD-40

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

236045.23

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
VORNADO OFFICE MGMT LLCNature of Debt (Purpose):  
RENT/UTILITIES

Mailing Address 40 FULTON ST

City State ZIP Code  
NEW YORK NY 10038

Outstanding Balance Beginning This Period

106462.82

Transaction ID: SD-41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

106462.82

1) **SUBTOTALS** This Period This Page (optional).....

353408.05

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 11  
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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 WEST MERIDIAN LLC

 Nature of Debt (Purpose):  
 MESSAGE PHONE CALLS

Mailing Address 914 164TH ST SE # 343

City	State	ZIP Code
MILL CREEK	WA	98012

Outstanding Balance Beginning This Period

38631.56

Transaction ID: SD-42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38631.56

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 XO COMMUNICATIONS LLC

 Nature of Debt (Purpose):  
 TELEPHONE SERVICE

Mailing Address 14239 COLLECTIONS CENTER DR

City	State	ZIP Code
CHICAGO	IL	60693

Outstanding Balance Beginning This Period

11139.65

Transaction ID: SD-43

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11139.65

1) **SUBTOTALS** This Period This Page (optional)..... ▶

49771.21

2) **TOTALS** This Period (last page this line number only)..... ▶

1577960.62

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

1100000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2677960.62